

For the County/City of _____

DEPOSITS	JANUARY	FEBRUARY	MARCH	TOTAL
1. Sales Tax				
a. Allocation				
b. Less: State Hospital Offset				
c. Less: Managed Care Offset				
d. State Hospital Adjustments				
e. Total Sales Tax Revenue				
2. County/City Matching Funds				
a. Mental Health Match				
b. Vehicle License Fees Annual Base				
c. Total Matching Funds				
3. Other (identify)				
4. Total Funds Deposited				
DISBURSEMENTS				
5. Transfers to Operating Funds				
6. Other (identify)				
7. Total Funds Disbursed				
TRANSFERS				
8. Transfers In (Out) to Other Trust Funds				

Questions concerning the preparation of this report should be directed to _____

Telephone No. () _____

Certification:

As Mental Health Director for the County/City of _____, I certify that the amounts stated on this report are true, accurate, and complete.

Mental Health Director

(_____)_____
Telephone No.

Date

As Auditor-Controller for the County/City of _____, I concur with the Mental Health Director that the amounts stated on this report are true, accurate, and complete.

Auditor-Controller

(_____) _____
Telephone No.

Date

MENTAL HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2010-11 Third Quarter Report.

- ◆ Reports must be returned by **May 28, 2011**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- ◆ Report 2010-11 third quarter deposits made January through March 2011.
- ◆ Refer to the remittance advice received with your payments.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales tax
 - a. Allocation
W & I Code Sec. 17601 In columns titled "January, February, and March" enter the total amount allocated January 27, February 25, and March 25, 2011, respectively.
 - b. Less: State Hospital Offset
W & I Code Sec. 17601 In columns titled "January, February, and March," enter the State Hospital Service contract offsets made in January through March 2011.
Note: Counties making direct payments should enter -0- and refer to line 6.
 - c. Less: Managed Care Offset In columns titled "January, February, and March," enter the Managed Care Program offset amounts made in January through March 2011.
 - d. State Hospital Adjustments In column titled "February" enter the State Hospital Adjustments made in February 2011.
 - e. Total Sales Tax Revenue Enter the total of lines 1a, 1b, 1c and 1d.
2. County/City Matching Funds
 - a. Mental Health Match
W & I Code Sec. 17608.05 Enter the amount of local matching funds deposited from January through March 2011 in accordance with the schedule developed by the State Department of Mental Health.
 - b. Vehicle License Fees
Annual Base In the columns titled "January, February, and March," enter the amounts deposited in January 27, February 25, and March 25, 2011, respectively.
 - c. Total Matching Funds Enter the total of lines 2a, and 2b.
3. Other (identify) Enter and identify all miscellaneous deposits.
4. Total Funds Deposited Enter the total of lines 1e, 2c, and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.
6. Other (identify) Enter and identify any other disbursements made during the third quarter.
7. Total Funds Disbursed Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other
Trust Funds
W & I Code Sec. 17600.20 Enter the transfers In (Out) between trust fund accounts.

For the County/City of _____

Questions concerning the preparation of this report should be directed to _____

Certification:

Health Director

(_____)_____
Telephone No.

Date

Auditor-Controller

(_____)_____
Telephone No.

Date

HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2010-11 Third Quarter Report

- ◆ Reports must be returned by **May 28, 2011**, to State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- ◆ Report 2009-10 third quarter deposits made January through March 2011.
- ◆ Refer to the remittance advice received with your payments.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation
W & I Code Sec. 17603 In columns titled "January, February, and March" enter the total amount allocated January 27, February 25, and March 25, 2011, respectively.
 - b. Less: CMSP Offset Enter the amounts of the County Medical Services Program (CMSP) offsets from February 2011. Note: Counties making direct payments should enter -0- and refer to line 6.
 - c. Total Sales Tax Revenue Enter the total of line 1a and 1b.
2. County/City Matching Funds
 - a. Health Match
W & I Code Sec. 17608.10(a) In columns titled "January, February, and March" enter the gross amount of local matching funds deposited from January through March 2011, based on the schedule shown in W & I Code Section 17608.10.
 - b. Vehicle License Fee
W & I Code Sec. 17608.10(b)
 - i. Allocation Enter the amount of county/city matching funds deposited as Vehicle License Fees in the columns titled "January, February, and March," enter the total amount allocated on January 27, February 25, and March 25, 2011, respectively.
 - ii. Less: CMSP Offset
W & I Code Sec. 17604.05 Enter the amount of the County Medical Services Program offset from January thru March 2011. Note: Counties making direct payments should enter -0- and refer to line 6.
 - c. Total Matching Funds Enter the total of line 2a, 2b(i), less 2b(ii).
3. Other (identify) Enter and identify all miscellaneous deposits.
4. Total Funds Deposited Enter the total of lines 1c, 2c, and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.
6. CMSP Payments Enter the amounts from counties/cities making direct CMSP payments to the Department of Health Services.
7. Other (identify) Enter and identify any other disbursements made during the third quarter.
8. Total Funds Disbursed Enter the total of lines 5, 6, and 7.

Transfers

9. Transfers In (Out) to Other Trust Funds, W & I Code Sec. 17600. Enter the transfers In (Out) between trust fund accounts.

For the County of _____

Questions concerning the preparation of this report should be directed to _____

Certification:

Auditor-Controller

() _____
Telephone No.

Date

SOCIAL SERVICES TRUST FUND INSTRUCTIONS

Instructions for the 2010-11 Third Quarter Report.

- ◆ Reports must be returned by **May 28, 2011**, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- ◆ Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- ◆ Report 2010-11 third quarter deposits made January through March 2011.
- ◆ Refer to the remittance advice received with your payments.
- ◆ **Do not enter amounts in gray areas.**

Deposits

1. Sales Tax
 - a. Allocation In columns titled "January, February, and March" enter the total amount allocated January 27, February 25, and March 25, 2011, respectively.
2. Vehicle License Fees
 - a. Vehicle License Fees Annual Base In columns titled "January, February, and March" enter the total amount allocated January 27, February 25, and March 25, 2011, respectively.
3. Other (identify) Enter and identify all miscellaneous deposits.
4. Total Funds Deposited Enter the total of lines 1a, 2a and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.
6. Other (identify) Enter and identify any other disbursements made during the second quarter.
7. Total Funds Disbursed Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other Trust Funds Enter the Transfers In (Out) between trust fund accounts.
W & I Code Sec. 17600.20